

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-009836

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 431

STATE FILE NUMBER

FILED MAR 5 1963

1. PLACE OF DEATH a. COUNTY Saint Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY St. Louis	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy		Length of stay in 1b 21 days	c. CITY OR TOWN Glasgow Village
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 266 Estridge Road
3. NAME OF DECEASED (Type or print) First Edward Middle William Last Kocher		4. DATE OF DEATH Month Feb. Day 7 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-28-1892
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Self-employed (retired)		10b. KIND OF BUSINESS OR INDUSTRY Coal Dealer	9. AGE (last birthday) 70
11a. FATHER'S NAME John Kocher		11b. MOTHER'S MAIDEN NAME Minnie Benholz	12. CITIZEN OF WHAT COUNTRY U S A
13. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		14. NAME OF HUSBAND OR WIFE Ida Kocher	
15. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Circulatory failure		16. SOCIAL SECURITY NO. [redacted]	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Cor Pulmonale + Cardiac Tamponade		17. INFORMANT Mrs. Elmyra Hart, 266 Estridge Road	
DUE TO (c) Adhesive pericarditis		18. INTERVAL BETWEEN ONSET AND DEATH 2 days	
PART II: OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of left hip 1-17-63		PART III. If deceased was female was there a pregnancy in last 90 days <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fall from his truck	
20c. TIME OF INJURY Hour 1:15 a.m. <input checked="" type="checkbox"/> p.m. <input type="checkbox"/> Month, Day, Year 1-17-63		20f. CITY, TOWN, OR LOCATION ST. Louis, Mo.	
20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street	
21. I attended the deceased from 1-17-63 to 2-7-63 and last saw her alive on 2-7-63		21a. Death occurred at 11:50a. m on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) William F. Liebhart Do		22b. ADDRESS 7520 Natural Bridge, 21 -	
22c. DATE SIGNED 2-7-63		22d. REGISTERAR'S SIGNATURE John M. Murphy M.D.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE Feb. 11, 1963	23c. NAME OF CEMETERY OR CREMATORY Friedens Cemetery	23d. LOCATION (City, town, or county) (State) St. Louis, Missouri
24. FUNERAL DIRECTOR Math Hermann & Son, Inc., 2161 E. Fair Ave		25. DATE RECD. BY LOCAL REG. 2-8-63	
24a. ADDRESS St. Louis, 7, Missouri		26. REGISTERAR'S SIGNATURE John M. Murphy M.D.	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

VS 300
Rev. 4/59

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Julius R Brown

Licensed Embalmer No.

5142

P. O. Address

St Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.